What are the most critical issues facing the Food and Consumer Safety System in Montana?
Open-Ended Response
(1) Updating many of their Administrative rules which aren't current. (2) Where the rules reference coordination between state agencies such as the State Fire Marshall, State Building Codes and DPHHS FCSS, make sure those agencies have worked out the coordination functions so that the local health department is not caught in the middle, unable to approve a license application that calls for the signoff of several state agencies that don't coordinate or communicate with each other. (3) Hire staff who are experienced Sanitarians so that they can serve as consultants to the local health departments. In the past DPHHS has hired individuals who didn't have their sanitarian's registration or had little or no experience in the position they were hired into. This creates a huge confidence gap with local Sanitarian who have more experience and expertise that the FCSS staff.
A lack of communication and clear leadership. It is difficult for new sanitarians to have anyone to turn to for information, background, and specifics when trying to interpret the MCA and ARM out in the field. Perceived lack of leadership at FCSS. Possibly due to DPHHS not being comfortable in supporting a system the is regulatory in nature. Access to responsive, easily found website or contact for information by the public as well as health professionals is not available. License fees do not come close to paying for the program at the county level. There isn't a system to "encourage" compliance of facilities with ARMs. For example, fines or tickets for violations. A lag behind other states in requiring training or minimun standard testing for those involved with food service.
Fatally underfunded for local jurisdictions Regulations two decades behind activity on the regulated arena.
legislative/political-lack of expertise and support to accomplish positive change in this area providing expertise, guidance, and support for counties providing training lack of personnel to do these things
lack of direction and support from state staff
The most crucial issue in my mind is the fact that the Food and Consumer Safety System is not defined. How many Sanitarians does it take to perform all of the tasks required by the law? Should we have one Sanitarian per 50 establishments, one Sanitarian per 25, if the Sanitarian is expected to do pools, spas, hotels motels etc.? Once the program is defined, then we can figure out how to fund it. But without the definition of a standard program we will never be able to figure out the funding.
1.Incompetent DPHHS/FCSS staff and program managers that make inconsistent and random decisions, contrary to existing rules and regulations which hinders and creates an unnecessary burden of liability for local government. 2.DPHHS/FCSS mindset that local government is responsible and has final authority for all DPHHS/FCSS Programs. 3.DPHHS/FCSS rules and regulations that are out-of-date. The rules and regulations must reflect current scientific standards. Trailer Court and Public Accomodation programs/rules and regulations should be eliminated with the exception of complaints. 4.DPHHS/FCSS must understand that the Health Department does not always include the Sanitarian/Environmental Health in Montana. Many Sanitarian's/Environmental Health offices are a separate and distinct office separate from the Nurse's Office AKA Health Department
Having enough qualified staff at the state and local level to ensure an all inclusive, well funded program.
No timely (w/i one day) enforcement powers. No instant respectful relationship with police, sheriff, city, county to allow timely enforcement. City should follow Health Department recommendations on pools. Need a unified policy/code/rule/regulations for day cares, schools, inspection and training for food safety, etc. that all the various agencies can agree on and implement. Out of date/not updated fee schedule. Programs: Licensed Establishment should be self funding. This would mean raising license fees or fines? Too much separation between Environmental Health and Health Department--gray areas of inspection/enforcement. Inspection of Trailer Parks, why?
Standardization for Sanitarians
Education of the public (including local elected officials) to better understand what Food and Consumer Safety is and why it is important

Lack of leadership; turnover hurts everyone;
Lack of enforcement; lack of funding; lack of staffing necessary to do it right (tied to the lack of funding in some); being the "bastard child" of environmental health programs; One-stop licensing
Leadership and support from the state has been lacking. Fee system is outcated.
In my personal opinion, the most critical issues are 1)Providing guidance/assistance to counties 2) Good communication with counties/obtaining input from counties about county needs 3) Obtaining/retaining qualified leadership personnel at the state level.
I REALLY DON'T KNOW...MAYBE PREVENTION ISSUES?
Montana Law establishes FCSB as the oversight agency for licensed establishments where Counties are responsible for inspections, compliance, & enf. How can we make the State/County relationship work much, much better to satisfy the needs of public health?
No support from upper level staff.
FCSS lack of communication not only with counties, but inter-office. Rule updating, fee updating, access to legal opinion, salaries of FCSS staff
Identifying the role the local sanitarian has. Our sanitarian does not feel like he needs to do much and does not participate in very much emergency preparedness
Rule drafting and training. Also technical support.
1) Lack of adequate funding - thus limiting the amount of money available for return to counties and the amount available to operate the FCSS at the State level. 2) Lack of communication between FCSS and county staffers. 3) Turnover of staff at FCSS preventing long-term consistency and program development.
focus on the problems, not people
-Communication with county and local departments. -Dependability and consistency. -The ability to be a source of advice, information, and guidance for local departments. -Working with departments in order to achieve public health goals as opposed to trying to be the "know all/end all" enforcement and regulatory agnet in the state. Good ideas can come from anywhere and should all be heard and taken into account and consideration.
Lack of funding Rules inconsistent with National Food Code Guidelines Lack of effective enforcement of existing rules
We need FCSS to be a useful resource to those of us in the field

If you were personally involved in the Study Group, what information would you want available to you in the first meeting or two?
Open-Ended Response
I was not involved in the study group.
Information from all counties to determine the most commonly cited problems, and a ranking of what is the most critical. One year and five year plans from FCSS for the section, personnel, changes, etc., detailed for each part of FCSS (manufacture, pools, PA, retail food). Background on why FCSS is under DPHHS.
Accounting for the fees and payment system operated by DPHHS. Review of regulations. Tentative timeline in which action can be expected.
what is happening why, what works and what does not work
I am not personally involved in the study group, even though I tried to get on it. A DPHHS/FCSS employee said it best "County Sanitarians have been operating without any assistance or guidance from DPHHS/FCSS for too many years".
The Mission Statement, Vision Statement, short and long term goals
What is the direction of FCSS? What is their role? Are there statutory requirements to be met?
Not sure
cost per unit of service statewide. Ideas from other states of successful practices.
I would want to know the goals of the study group, short term and long term and to see an outlined approach of how these goals were to be obtained.
1. Mission statement of FCSB 2. Budget (including revenue sources) of FCSB. 3. Staffing of FCSB.
Financial and buget Legislative knowledge Rules and statuts
Identify short-term and long-term goals. Stay on task. Agree to disagree. Do not let relationships degrade. Equal representation is improtant
Goals and dates for achieving them.
1) Job descriptions 2) Chain of command 3) Historical documentation - for what purpose did was the program started/authorized by the legislature? Is the mission still the same? 4) Results of the survey - critical issues others feel are important.
Where information is available.
Wording of underfunded mandate legislation, statements from upper level administration concerning their vision for licensed establish programs, because without expressed commitment from them, the Study Group's work will be for naught.

What suggestions do you have for making the FCS Study Group a success?
Open-Ended Response
I'm happy to see that a study group was formed. Hopefully they will have good recommendations on how to improve FCSS so that it is a strong and effective partner and resource for local health departments as it was intended to be. It's been neglected too long and has had to operate with little or no support or resources.
Open and timely communication between the study group, FCSS personnel, and city/county sanitarians in regards to discussion, main issues identified, goals, and who to bring information to for inclusion.
Much of this is already in place and include: Faith in Jane Smilie meaning it; good facilitator chosen; preparatory information being gathered. Need timeline to keep faith alive and keep locals from going under.
Need buy in from DPHHS officials
monthly meetings, minutes distributed to everyone
The F&CSB needs to make a committment to define what a standard program is and then have the political courage to go to the legislature to pass laws that require counties to adopt a standard program and fully fund the program.
Currently the study group is mostly made up of the big 7 Health Departments and 4 people from DPHHS. This group should include several single jurisdition sanitarians from across the state. I also believe only 1 DPHHS DPHHS/FCSS represenative should be allowed on the group.
Develop ideas and suggestions which can be achieved, rather than those which require a tremendous amount of resources which aren't available.
No decisions made with out ample input from the foot soldiers.
Install a plan of Action to to achieve the goals of the group
Keeping local health officials informed about what is going on and like this survey ask for imput.
Define everyones role - county and state- as to who does what, who has the authority, etc
Again, not sure -- the problems listed above have no easy solutions
Broad representation and committment from study group members.
Keep moving forward, try to make each meeting worthwhile while not dwelling too much on problems. Keep getting input from the groups that you serve and know their needs.
DON'T KNOW.
The FCSB and Counties should come to consensus on common goals, and objectives and create a plan to work toward them.
Don' take your self too seriously
1) Identify the problems, do not point fingers at people 2) Goal should be to fix issues with input from FCSS and County Sanitarian 3) Set realistic goals.
Keep in mind that we're in this together. We should not assume that we would be better off without one or the other.
1) Meet regularly 2) Develop trust and cooperation between group members. 3) Give them the ability, or assure them they have a voice, in making realistic changes to impliment whatever is decided.
Keep it simple
Involve industry and the public with local health officials. Do not have a preconceived agenda or outcome.
I would suggest the group start at ground zero and build an agency that will be responsive and helpful versus trying to rework the same old stuff into a different form. Be open to RADICAL changes.